> During the last three years, I have attended nearly six thousand poor persons, into many of whose habitations I have entered, and been conversant with their sufferings, and their resignations under them.[206]

John Ferriar of Manchester was another prominent physician with an extensive practice among the industrial poor of Manchester.[207] It was his and Percival's published accounts of the conditions of the latter that led to the foundation of the Manchester board of health. All these physicians were well-known writers and it was probably not so much in their medical as in their rhetorical and literary skills that their greatest contribution to medicine lay. Ferriar's moving eye-witness accounts of the lives and horrific living conditions of his poorest patients are likely to have alleviated far more suffering among the Manchester poor than all the drugs in the contemporary pharmacopoeia. Physicians like Lettsom, Ferriar and Percival were, nevertheless, not the bosom companions of their poor patients. They were their 'friends' only in the sense of being their patrons and benefactors. In their view, the proper conduct owed to the class of patients they described as the suffering poor was, as we have noted, condescension – the perfect Christian condescension evoked by Percival's son in his address to the Liverpool Infirmary.[208]

In Percival's ethics, friendship was neither an ideal (as it was in Gregory's) nor a duty. The subject was, however, a perennial topic in moral and political philosophy and Percival, like many of his contemporaries, had strong views on the subject which are of some relevance to our understanding of his concept of just authority and the therapeutic relationship. In a brief essay entitled *False Opinions Concerning Friendship,* he wrote that many authors, both ancient and modern, had held what he thought were 'enthusiastical' and 'extravagant' notions about friendship and the role it played in society. They had, he argued, 'supposed that it supersedes, in particular circumstances, both wisdom and prudence, and every species of moral obligation'. Montaigne, for example, argued that:

> This bond dissolves every antecedent obligation; and the secret which I have sworn not to reveal to another, I may, without perjury, communicate to him, who is not *another,* but *myself.*[209]

For Percival, friendship, though an 'amiable' and 'venerable' virtue, had no proper place in the growing public sphere. Like pity, it was a natural principle and, as he variously labelled it, particular, partial, private, personal and privileged. It was, however, from the more 'confined and partial charities' of friendship that benevolence had its origin, for

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> the man who has felt not the appropriated regard of a son, a brother, a husband or a friend, cannot have a heart capable of being expanded with philanthropy.[210]

The point of Percival's analysis of friendship was that the elevation of the virtue of friendship to the wider public sphere was sanctioned neither by scripture nor by reason. It was not recognized in the Bible as a duty but only as a 'generous and animating principle of action'. This was because friendship:

> is of *special,* and not of *universal* obligation; depending on particular relations, and contingent circumstances, which human power can seldom influence or command ... the divine law presupposes the existence of such affections as are purely natural and spontaneous; and directs its precepts, not to their production, but solely to their government and regulation.[211]

The partialities and privileges of friendship could, translated to the public sphere, jeopardize the ordinary relationships of social life where justice and probity, not friendship, were 'the essential duties, equally incumbent on all ranks of men'. Friendship, while often highly honourable and justifiable, must therefore be 'subordinate to the rights of society' in order that no personal attachments might violate the duties of 'justice, fidelity or truth'.[212]

For Percival, justice and probity were the social virtues *par excellence* and because they were universal and disinterested they could be elevated to the rank of duties incumbent on all members of his profession. It was on the basis of the 'disinterested' duties, not the 'interested' virtue of friendship, that the hospital could best achieve its philanthropic and scientific goals and the profession itself create an *esprit de corps* bound by ties of common duty rather than mutual gratification.

For Percival, a man's relationship to his social inferiors was, like his relationship to his Maker, a central feature of natural law. It was, after all, this concern which distinguished a proper code of ethics from the spurious one exemplified by the much-maligned gentlemen's code of honour. However, an account of that relationship was for him, as for other moralists, not always a problem which called for a serious assessment of the first principles of moral philosophy. He did not, in other words, attempt to re-invent the social wheel but where it was appropriate applied accepted moral principles to particular problems. To the extent that the wider ethics reflected the social, religious and intellectual assumptions of his own society, so too did his view of the

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relationship between physician and patient. Equal in the eyes of God and the virtuous physician, all patients, rich and poor, were owed the same moral duties. Manners or decorum were the more or less arbitrary creation of custom or fashion and thus, in Percival's time, called for the differentiation in social status which underlined a system based on subordination or hierarchy. Attention to the accepted rules of conduct between classes was entirely compatible with the benevolent aims of the medical profession and, as with Gregory, at least a formal concept of equality. According to Percival, proper decorum added to the importance of the physician's office, and the respectability of the patient and, more importantly, to the social usefulness of both parties. This view is perhaps most clearly expressed in one of Percival's moral tales in which he explains that all common forms of civility or politeness are themselves an essential part of the social contract:

> Their import is known to all who use them; and, as they are expressive of urbanity and benevolence, they tend, under proper restrictions, to soften the asperities, and heighten the pleasures, of social intercourse. Genuine courtesy has, indeed, its seat in the heart; and implies the desire of gratifying others, in the subordinate offices of life, by the sacrifice of our own ease or interest.[213]

For Percival, as for Gregory, manners, decorum or the common forms of civility were thus grounded in time and place; they were laws, as Percival explained, 'which general consent has established' and which consequently 'bind every man, in the common intercourse of life...'[214]

Lunatics and Loose Women; or Personhood

To his discussion of the duties owed by a physician or surgeon to the poor patient in general, Percival added an account of those which were owed to specific groups such as lunatics or idiots and women suffering from venereal diseases. Before the advent of the voluntary hospitals and their various branches, the latter had not been treated, or even had their treatment supervised, by the élite of the medical profession.[215] Percival's ethics, therefore, marked the early years of the extension of medical practice into the area of mental illness and the institutional treatment of women as well as the treatment of the sick poor.

Although he was enthusiastic about the benefits of hospital care for the insane, it is clear from Percival's description of these new categories of patients that their status as moral agents was extremely

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problematic. If, as was generally held, reason was the measure of moral personhood, what was the status of those who suffered from a disordered understanding, a weakness of the understanding or no understanding at all? Lunatics, he explained, were 'among the most humiliating objects of distress' known to physicians. While other diseases left man 'a rational and moral agent' and could sometimes even improve 'the faculties of the head' and 'the affections of the heart', lunacy:

> subverts the whole rational and moral character; extinguishes every tender charity; and excludes the degraded sufferer from all the enjoyment and advantages of social intercourse.[216]

Because the duties owed to patients in Percival's system were essentially duties owed to God and only instrumentally to those creatures created in his likeness, the loss of reason placed the insane outside the pale of human society. The loss of reason was the loss of man's likeness to his Maker and, consequently, the loss of that which made a person the object of other men's duties. The lunatic, in short, was not a person or the receiver of other men's duties because he or she did not possess 'a human nature'. For Percival, as for John Locke, reason was the sole key to personhood or human nature. The term 'person', according to the latter, was:

> a Forensick Term appropriating Actions and their Merit; and so belongs only to intelligent Agents capable of a Law, and Happiness and Misery. This personality extends its *self* beyond present Existence to what is past, only by consciousness, whereby it becomes concerned and accountable, owns and imputes to its *self* past Actions, just upon the same ground, and for the same reason, that it does the present.[217]

A person or moral agent was, accordingly, a being who was capable of conforming to the laws of humanity or the laws of nature. And, as Locke wrote in the *Second Treatise*, for a man to 'live by another Rule, than that of *reason* and common Equity, which is the measure God has set to the actions of Men'[218] was to break the ties that bound him to his fellow creatures.

While the lunatic patient was clearly not a creature of reason, all was not lost, as Percival explained reassuringly. Insanity, though the least understood of all diseases, could, if medical treatment was successful (or God so willed), be entirely reversed. Happily, the restoration of reason brought with it a renewal of the lost image of God and the status of full moral agency. In this view, insanity could be treated as a possibly temporary loss of personhood rather than its

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permanent absence', a view which would effectively restore many rights, legal and moral, to insane persons which had previously been withheld.[219]

Perhaps because the so-called lunacy trade was in its infancy, Percival's account of the physician's duties to the insane has about it the air of professional promotion. The cure of insanity, he proclaimed, was not a task for the untrained, i.e. the 'mercenary keepers' who traditionally managed the private madhouses. It was, rather, a 'divine privilege' which should be delegated exclusively to those who were 'deeply skilled in the philosophy of human nature'. *Medicina Mentis* should be administered by:

> him, who to a knowledge of the animal œconomy, and of the physical causes which regulate or disturb its movements, unites an intimate acquaintance with the laws of association; the control of fancy over judgement; the force of habit; the direction and comparative strength of opposite passions; and the reciprocal dependences and relations of the moral and intellectual powers of man.[220]

Percival's ideal practitioners were, not surprisingly, the Edinburgh-trained physicians who, like himself, had learned their *Medicina Mentis* from the great Dr Cullen.

In 1771, Percival's friend John Aikin wrote of his admiration for the Manchester Asylum and noted that it was not only 'poor Lunaticks' who benefited from this new hospital asylum, but also persons of middling rank who had formerly languished in private madhouses. Of the many benefits offered by such an institution, the highest premium was placed on the gentlemanly status of the physicians who governed it. With these 'men of principle and honour' he contrasted the lowly 'mercenary' character of the private madhouse keepers. He suggested that, in the care of the former, patients would benefit from humane and disinterested treatment, where before they had been held like animals in cages by men who cruelly profited from their prolonged incarceration. Aikin was a passionate advocate of separate confinement of mental patients and noted the privacy and peace offered to the Manchester patients who were housed in such quarters and who, unlike patients in some private madhouses, were not exhibited to appease 'the brutal curiosity of the populace'. He added that hospital asylums were more economical than the latter and did not rob the lunatics of their entire fortunes.[221] Percival, who shared Aikin's views concerning the proper governance of asylums, emphasized as well the pioneering role that asylum physicians played in the development of

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'a new region of medical science'. Here again the physician-scientist trained in the 'synthetic plan' or scientific method would be able to keep an extensive register of a great variety of cases.[222] Percival reminded his readers that the proper institution of record keeping by physicians who treated the insane might have been of some assistance 'on a late melancholy occasion', by which he meant, no doubt, the embarrassment caused to his profession by their failure to treat the intermittent derangement of George III.[223]

The duties of the asylum physicians to lunatic patients also reflected the growing confidence of the Edinburgh-trained physicians. They possessed, they believed, the most up-to-date skills for regulating the minds of their patients and a knowledge, as well, of the latest improvements in modern asylum practice. The long tradition of corporal punishment justified by common law was now precluded by the invention of the new 'strait-waistcoat'. It was thought that patients could be treated humanely with all the 'tenderness' and 'indulgence' compatible with good governance. Physicians bound by obligations of honour and humanity should not, Percival added, abuse the authority vested in them by the patient's family or take advantage of the patient's state of isolation from them. He was, however, not unaware of the many pitfalls awaiting physicians who attempted to treat the insane. He noted with regret that the many different diseases classed under the title of insanity still remained less understood than other diseases of man.

Because physicians were called upon by the law courts to make 'forensic' pronouncements on the mental capacity or responsibility of individuals, they were inevitably forced to draw upon the existing categories of mental illness.[224] Percival noted that clear distinctions had to be made between hypochondria and insanity and between insanity and madness, and he warned physicians that the precise boundaries of rationality were virtually impossible to define. He did, nevertheless, offer some crude guidelines. Insanity could be partial and temporary. It occurred 'whenever false ideas, of a *practical kind,* are so firmly united as to be constantly and invariably mistaken for truth'. However, if this 'unnatural alliance' of ideas should:

> give rise to a train of subordinate wrong associations, producing incongruity of behaviour, incapacity for the common duties of life, or unconscious deviations from morality and religion, MADNESS has then its commencement.[225]

A lunatic or person *non compos mentis* was, in the eyes of the law, a person who had originally been sane but had lost his sanity or

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reason by 'disease, grief or an accident'. Lunacy too could be a temporary state, an important fact emphasized by Percival in his discussion of the physician's legal duties.[226]

It is significant that moral and legal personhood was assigned to individuals by the physicians for legal as well as medical purposes according to judgements of their capacity for carrying out 'the common duties of life'. Also of interest is the extent to which legal necessity shaped the simple medical categories into which disorders of the mind recognized by physicians would fall. The official recognition of partial insanity by the medical profession was, to a large extent, a legal fiction. The social consequences of being declared insane were, as Percival pointed out, so damaging to the victim that the presumption of partial insanity was the only humane expedient. He warned that the declaration of incapacity was a 'solemn act of law', difficult if not impossible to reverse and one which often resulted in the party being consigned to permanent neglect and oblivion.[227]

Percival's concept of temporary insanity could, in another guise but for much the same reasons, be deployed in the case of suicide. Here again, as Percival noted, a physician could be called upon to testify to the previous state of mind of the deceased or, as he put it, 'the defunct'. At the time, the law declared that for suicide to be a crime it had to have been committed by a party who was in the full possession of reason. What exactly this entailed was of course debatable. Percival noted that the law, rightly, discouraged a broad interpretation of the insanity plea. It would not, for example,

> authorise the plea, that every melancholic or hypochondriac fit deprives a man of the power of discerning right from wrong. Even if a lunatic kill himself in a lucid interval, Sir M. Hale affirms that he is a *felo de se*.[228]

Despite this view and Sir Matthew Hale's affirmation of its legality, Percival argued that there were, on the contrary, states of mind which were not the result of permanent incapacity in which a person could be judged to be legally incapacitated. In such cases, death, although it might appear to have been the result of a premeditated act, was actually the result of terror or 'the want of that presence of mind, which is necessary to the exercise of judgement, and the discrimination of actual from imaginary evil'.[229] A person could, in other words, kill herself in a state of 'temporary distraction' and such an act of suicide could not be designated as the act of someone who was culpable, or capable of distinguishing between right and wrong.

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Percival's explanation was a sympathetic response to a very controversial problem. It was a view which, as he knew, would effectively circumvent some of the moral, religious and legal wrangles associated with this issue and focus directly on the question at hand: the question of culpability or intent. If there was no proof of intent then, quite simply, the act was not a criminal act. Percival's position on suicide effectively transformed a possible crime into a case of temporary loss of reason.

The personal and social consequences of medicalizing a crime like suicide were obviously considerable. If judged to have been temporarily insane, suicides could receive a Christian burial instead of the cruel stake and highway treatment prescribed by law until 1823, and they could, as well, have legally restored the testamentary rights otherwise denied them and their families.[230]

Women with venereal disease, or as Percival put it, 'those votaries whom pleasure has seduced, or villainy betrayed',[231] were another category of patients whose lack of moral status or personhood had removed them from the sphere of reciprocal duties which defined the boundaries of Percival's society. They too were beyond the pale, not for losing their reason, although they were usually considered to be of 'weak understanding', but, rather, for losing their virtue or, more specifically, their chastity. Chastity was, according to Percival and his contemporaries, the chief moral principle of the female person. He believed that proper medical treatment and strict moral management could restore virtue, religion and health. Percival's argument in favour of lock hospitals or closed wards for venereal patients, was, like his defence of the new insane asylums, based primarily on an appeal to prudence and benevolence. He suggested that it was immoral to withhold treatment from sufferers of any disease merely because the latter originated from the folly or vice of the patient or because their disease was as odious as it was contagious. Like other medical moralists of his day, he laced these sermons with optimistic accounts of the success of medical treatment for those suffering from venereal diseases. As John Aikin had noted earlier, treatment with mercury was on the whole successful if the sufferers were kept under the care of a medical man until they were completely cured.[232] Percival's argument was also based on his belief that where there was a cure there was a corresponding moral duty to treat. From the point of view of the common good, treating and isolating highly contagious venereal patients was the most prudent alternative, as the cost to society of not treating or merely palliating the disease far outweighed the expense of a hospital cure.

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Like his appeal for financial support of the asylum, Percival's account of the treatment of venereal women was designed to emphasize and encourage the honour and humanity of the physicians, the strict rules of conduct owed the female patients and the duty of those who treated venereal women to educate them about the causes of their disease. His recognition that the underlying cause of venereal disease in women of the lower classes was extreme poverty also led him to claim on his patients' behalf a right to charity and moral treatment as well as to purely medical treatment. They were to be given books adapted to their moral improvement, a sum of money, decent clothes on being discharged, and some assistance in obtaining respectable employment.[233]

Percival's interest in the treatment of venereal women might also be viewed as part of a scheme to monopolize the treatment of women's diseases. Like the treatment of insanity, this was a new field of medical science on which they could apply their scientific skills. Moreover, the new physicians were gentlemen, and sick women (or most women for that matter) were so 'weak and soft', that 'Nature', they believed, had given them an obvious claim to the physician's protection. In his *Thoughts on Hospitals*, John Aikin revealingly noted a further benefit which would directly follow from physicians' display of concern with female illness for he suggested that 'nothing more strongly stamps the character of *Gentleman* than a quick sensibility and delicate attention' to this point of duty.[234]

The gradual encroachment of the new gentlemen physicians and surgeons into all aspects of women's health laid the groundwork for an official recognition of their forensic expertise in court cases arising out of charges such as abortion and infanticide. Because the latter were capital offences, Percival urged his colleagues to exercise their duties with the greatest caution. Physicians, he explained,

> have often melancholy experience of the distraction and misery, which females suffer under these unhappy circumstances. And when it becomes their painful office to deliver evidence, on such occasions, justice and humanity require, that they should scrutinize the whole truth, and *nothing extenuate, nor set down aught in malice.*[235]

Percival's discussion of abortion followed directly from his earlier attempt to clarify the various distinctions between murder and manslaughter, justifiable and excusable homicide, and voluntary and involuntary manslaughter established in the courts of judicature. He declared that it was 'on the like grounds we may reason concerning

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